

Local Processing Office - Navy Construction / Facilities Management Invoice

[-] Document Information

Contract Number Type	Contract Number	Delivery Order	Reference Procurement Identifier	Issue Date	Construction	Fixed Price
DoD Contract (FAR)	N4019210D2810	0003		2012/04/28	Y	Y
Invoice Number		Invoice Date	Final Invoice?	Invoice Received Date		
40952		2012/08/01	N	2012/08/01		
Discounts						
NET : 14						
Summary of Detail Level Information			Deduction Amount (\$)	Retention Amount (\$)		Total (\$)
1 CLIN/SLIN(s)			0.00	0.00		240,064.00

[-] Line Item Information

Document Total		Deduction Amount		Retention Amount		Govt Approved Total
240,064.00				0.00		240,064.00
Item No.	PR Number	Qty. Provided	Unit	Unit Price (\$)	CLIN Amount (\$)	Approved Amount (\$)
0003		240,064.00	DO	1.00	240,064.00	240,064.00
Description					Recommended Deduction Amount (\$)	
PROGRESS BILLING NO. 2.						
Line Total:		Deduction Amount	Retention Amount	ACRN Approved Amount		
		0.00	0.00	240,064.00		
Sub-Line No.		AAA	TFO	SDN	ACRN	
000301		068732	N	N4019210SRD2810	AA	
ACRN Amount		Deduction Amount	Retention Amount	ACRN Approved Amount		
240,064.00				240,064.00		

[-] LLA Information

LLA Level : ACRN

Item Number	Sub Line	ACRN	
0003	000301	AA	
Document Record Reference ID	Agency Accounting ID	ACRN	
N4019210SRD2810	068732	AA	
Agency Qualifier Code	Defense Agency Allocation Recipient	Cost Code	Department Indicator
DD			
Job/Work Order Code	Cost Allocation Code	Transfer from Department	Sub-Allotment Recipient
Classification Code	Fiscal Year Indicator	Work Center Recipient	DoD Budget Accounting Classification Code
Basic Symbol Number	Major Reimbursement Source Code	Limit/Sub Head	Reimbursement Source Code
Fund Code	Customer Indicator/MPC	Fund Org Admin Code	Object Class
IFS Number	Allotment Serial Number	Government Public Sector ID	Transaction Type
Activity Address Code	Foreign Currency Code	Program/ Planning Code	Program Element Code
FMS Case Number (1-3)	FMS Case Number (4-5)	FMS Case Number (6-8)	Project Task/Budget Subline
Special Interest/Program Cost			

[-] Address Information

Prime Contractor	Administered By
CAGE Code DIINS DIINS + 4 Extension	DoDAAC

N40192		
Activity Name 1		
NAVFAC ENGINEERING COMMAND MARIANAS		
Activity Name 2		
Activity Name 3		
Address 1		
BUILDING 100		
Address 2		
NAVBASE GUAM		
Address 3		
Address 4		
SANTA RITA GUAM		
City	State	Zip
Country	Military Location Description	

Accept By	
DoDAAC	Extension
N40192	ROICCA
Activity Name 1	
NAVFAC ENGINEERING COMMAND MARIANAS	
Activity Name 2	
Activity Name 3	
Address 1	
BUILDING 100	
Address 2	
NAVBASE GUAM	
Address 3	
Address 4	
SANTA RITA GUAM	
City	State Zip
Country	Military Location Description

Payment Official	
DoDAAC	Extension
N68732	
Activity Name 1	
DEFENSE FINANCE AND ACCOUNTING SERV	
Activity Name 2	
Activity Name 3	
Address 1	
CLEVELAND-NORFOLK ACCOUNTS PAYABLE	
Address 2	
1240 E 9TH ST SB39 ACCTS PAYABLE	
Address 3	
Address 4	
CLEVELAND OH 44199-2001	
City	State Zip

Country	Military Location Description	Country	Military Location Description
<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Issue By</p> <p>DoDAAC N40192</p> <p>Activity Name 1 NAVFAC ENGINEERING COMMAND MARIANAS</p> <p>Activity Name 2</p> <p>Activity Name 3</p> <p>Address 1 BUILDING 100</p> <p>Address 2 NAVBASE GUAM</p> <p>Address 3</p> <p>Address 4 SANTA RITA GUAM</p> <p>City State Zip</p> <p>Country Military Location Description</p> </div>			

[-] Misc Information

Initiator			
Name:	Date of Action / IRD:	Phone #:	DSN:
Letty Lopez	2012/08/01 1605 MDT / 2012/08/01 1605 MDT	619 230 1904	
Email:		Title:	Action(s):
Letty@pacwstbldrs.com		Accounts Receivable	[Submitted, Web, Stand Alone]
Org Email:			
pat@pacwstbldrs.com			
Attachments:			
Invoice2Package1.pdf		View Attachment	
Comments:			

Inspector			
Name:	Date of Action:	Phone #:	DSN:
Edwin Leonin	2012/08/02 1601 MDT	671-366-2527	315-366-2527
Email:		Title:	Action(s):
Edwin.Leonin@andersen.af.mil		General Engineer	[Inspected]
Org Email:			
M-GU-NAVFAC-WAWF-ROICCA-GS@fe.navy.mil			
Attachments:			
Comments:			
Inspection requested, and concurred by LTJG Noel Macatangay.			

Acceptor			
Name:	Date of Action:	Phone #:	DSN:
Angela Santos	2012/08/05 1617 MDT	671-366-5743	366-5743
Email:		Title:	Action(s):
angela.santos@fe.navy.mil		Contracting Officer	[Accepted]
Org Email:			
M-GU-NAVFAC-WAWF-ROICCA-GS@fe.navy.mil			
Attachments:			

Local Processing Official

Name: Angela Santos	Date of Action: 2012/08/05 1618 MDT	Phone #: 671-366-5743	DSN: 366-5743
Email: angela.santos@fe.navy.mil		Title: Contracting Officer	Action(s):
Org Email: M-GU-NAVFAC-WAWF-ROICCA-GS@fe.navy.mil			
Attachments:			
Comments:			

[\[-\] Workflow Information](#)**Contractor Certification**

I hereby certify, to the best of my knowledge and belief, that --

- (1) The amounts requested are only for performance in accordance with the specifications, terms, and conditions of the contract;
- (2) All payments due to subcontractors and suppliers from previous payments received under the contract have been made, and timely payments will be made from the proceeds of the payment covered by this certification, in accordance with subcontract agreements and the requirements of chapter 39 of Title 31, United States Code;
- (3) This request for progress payments does not include any amounts which the prime contractor intends to withhold or retain from a subcontractor or supplier in accordance with the terms and conditions of the subcontract; and
- (4) This certification is not to be construed as final acceptance of a subcontractor's performance.

Signature Date
2012/08/01

Letty Lopez
Signature of Contractor Representative

ACTION BY: N40192 / ROICCA

☒ Recommend Approval

Has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents

☐ Recommend Reduced Amount

Inspection Date

Signature Date

2012/08/02

2012/08/02

Edwin Leonin

☐ Recommend Rejection

Signature Of Authorized Government Representative

ACTION BY: N40192 / ROICCA

Approved Amount : \$240,064.00

☒ Approve

Has been made by me or under my supervision and they conform to contract, except as noted herein or on supporting documents

☐ Approval with Deductions

Acceptance Date

Signature Date

2012/08/02

2012/08/05

Angela Santos

☐ Reject to Initiator

Signature Of Authorized Government Representative

ACTION BY: N40192 / ROICCA

☒ Document Certified

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

Signature Date

Angela Santos

☐ Document Rejected

2012/08/05

Signature Of Authorized Government Representative

ACTION BY: Payment Official

☒ Document Accepted

☒ Document Processed

☐ Document Rejected

☐ Document Suspended

☐ Document Available For Recall

Close